

Date Received:	
Scheduling #:	

## **2010 ReStore Group Worksheet**

Updated: 1/14/2010

This form **MUST** be returned to Habitat for a date confirmation.

Sign up **EARLY** as we schedule on a first respond, first schedule basis. ReStore days will not be "held" unless you are formally scheduled. You are not considered scheduled until you have received a written confirmation from Habitat.

**Directions:** Complete this form in its entirety. At the bottom of the form write in the day(s), time(s) and group size for the dates that your group would like to volunteer in the ReStore (*one date per line*). Then fax, email or mail per the instructions below. Once your form is received you will receive a reponse within 1 week.

Please Check One:  ¶ Youth with one adult for each 4 or 5 youth  ¶ Adults  ¶ Adults and some Youth			NO volunteers under 16 years old will be allowed to volunteer in the ReStore, under any circumstances.					
Date:			_					
Group Name	e:					_		
Contact Pers	son:					_		
Group Address:				_	City:			
State: Zip:			_	Email:				
Day Time Phone:				_	Cell:			
volunteering volunteers h	. The ReStore ours must be a will be respo		ind, with the exc hours.	ception of major	holidays. All	than 20 volunteers mus available days and time rk day.		
Monday 9:00AM- 4:00PM	Tuesday 8:00AM- 4:00PM	Wednesday 8:00AM- 4:00PM	Thursday 8:00AM- 4:00PM	Friday 8:00AM- 5:00PM	Saturday 8:00AM- 5:00PM			
1.) Requested Volunteer Date(example): 5/25/2010			/2010	Time:	9am-12pm	Group Size:	25	
2.) Requested Volunteer Date:				Time:		Group Size:		
3.) Requested Volunteer Date:				Time:		Group Size:		
4.) Requested Volunteer Date:				Time:		Group Size:		
5.) Requested Volunteer Date:				Time:		Group Size:		
Notes or Co	omments(Spe	cial Requests):						
Date by whi	ich you need	a response:						

Please return this completed form to Joshua@habitatstl.org or fax to 314-371-0404.